#### Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 1 of 53

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identity Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Brin- iden	e the name that is on a government-issued ure identification (for mple, your driver's ase or passport).  g your picture tification to your ting with the trustee.	Maria First name  Carmen Middle name  Sosa Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer atification number	xxx-xx-7728	

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Document Page 2 of 53 Desc Main

Debtor 1 Maria Carmen Sosa

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		8728 S. Marquette Ave, Fl. 1 Chicago, IL 60617 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 3 of 53

Debtor 1 Maria Carmen Sosa Case number (if known)

ar	t 2: Tell the Court About	Your Ba	nkruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	☐ Ch	apter 7						
		☐ Chapter 11							
		☐ Ch	apter 12						
		■ Ch	apter 13						
3.	How you will pay the fee	;	about how yo	ou may pay. Typ attorney is subr	oically, if you are	paying the fe	ee yourself, you r	erk's office in your local on the cash in your local on the cash in your local or the cash in yo	er's check, or money
				y the fee in inst ee in Installment			option, sign and	attach the Application fo	r Individuals to Pay
		□ I request that my fee be waived (You may request this option only if you a but is not required to, waive your fee, and may do so only if your income is I applies to your family size and you are unable to pay the fee in installments the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103)					less than 150% of the os). If you choose this opt	fficial poverty line that ion, you must fill out	
<b>)</b> .	Have you filed for	■ No.							
	bankruptcy within the last 8 years?	☐ Yes	S.						
			District			When		Case number	
			District			When		Case number	
			District			When		Case number	
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.						
			Debtor					Relationship to you	
			District			When		Case number, if known	
			Debtor					Relationship to you	
			District			When		Case number, if known	
11.	Do you rent your residence?	■ No.	Go to I	ine 12.					
	residence:	☐ Yes	S. Has yo	our landlord obta	ained an eviction	n judgment aç	gainst you and do	you want to stay in you	r residence?
				No. Go to line	12.				
				Yes. Fill out <i>Ini</i> bankruptcy pet		About an Evic	tion Judgment Aç	gainst You (Form 101A)	and file it with this

Document Page 4 of 53 Case number (if known) Debtor 1 Maria Carmen Sosa Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat

of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Maria Carmen Sosa

Case number (if known)

# 15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

## Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credi	t
counseling because of:	

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 53 Case number (if known) Debtor 1 Maria Carmen Sosa Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000** □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you ■ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Maria Carmen Sosa Signature of Debtor 2 Maria Carmen Sosa Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on May 16, 2016

MM / DD / YYYY

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 7 of 53

Debtor 1 Maria Carmen Sosa Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Ainat Margalit	Date	May 16, 2016
Signature of Attorney for Debtor	_	MM / DD / YYYY
Ainat Margalit		
Printed name		
LAF		
Firm name		
120 S. LaSalle, Suite 900		
Chicago, IL 60603-3425		
Number, Street, City, State & ZIP Code		
Contact phone 312-341-1070	Email address	
ARDC No. 6281966		
Bar number & State		

Certificate Number: 06531-ILN-CC-027367194



### **CERTIFICATE OF COUNSELING**

I CERTIFY that on April 29, 2016, at 4:29 o'clock PM CDT, Maria C Sosa received from Allen Credit and Debt Counseling Agency, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone.

Date: April 29, 2016 By: /s/Stephanie Kjetland

Name: Stephanie Kjetland

Title: Credit Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

		DUCUIII	CHE T GGC 5 OF 55	
Fill in this infor	mation to identify your	case:		
Debtor 1	Maria Carmen Sos	sa		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
if known)				☐ Check if this
				amended fil

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	42,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	8,913.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	50,913.00
Pai	t 2: Summarize Your Liabilities		
			i <b>abilities</b> nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	167,809.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	8,753.81
	Your total liabilities	\$	176,562.81
Pai	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,902.80
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,796.87
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Entered 05/16/16 14:05:05 Doc 1 Filed 05/16/16 Desc Main Case 16-16464 Document

Page 10 of 53 Case number (if known) Debtor 1 Maria Carmen Sosa

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$

4,134.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

	Cas	e 16-1646	4 Doc 1	Filed 05/16/16 Document	Entered 05/16/1 Page 11 of 53	L6 14:05:05	Des	sc Main	
Fill in th	is informa	tion to identify	your case and t	his filing:					
Debtor 1		Maria Carme		le Name	Last Name				
Debtor 2 Spouse, if t		First Name		le Name	Last Name				
Jnited S	tates Bank	ruptcy Court for	the: NORTHER	RN DISTRICT OF ILLIN	NOIS				
Case nur	mber				_			☐ Check i	if this is an ed filing
Schen each cannink it fits	edule ategory, sep s best. Be a	is complete and a pace is needed, a	roperty escribe items. List	le. If two married people	an asset fits in more than one e are filing together, both are e top of any additional pages	equally responsi	ble for sup	plying correc	ct
Part 1:	Describe Ea	ch Residence, B	uilding, Land, or O	ther Real Estate You Ow	vn or Have an Interest In				
Yes.	Go to Part 2 Where is th								
1.1 872	28 S. Marc	quette		What is the property					
		vailable, or other des	cription	•	nome Iti-unit building or cooperative	Do not deduct s the amount of a Creditors Who F	ny secured	claims on Sch	hedule D:
Chi	icago	IL	60617-0000	☐ Manufactured ☐ Land	or mobile home	Current value of entire property	?	Current valu	own?
City		State	ZIP Code	☐ Investment pro☐ Timeshare☐ Other	operty	\$42,0 Describe the na (such as fee si	ature of yo	our ownership	
				Who has an interest  Debtor 1 only	t in the property? Check one	à life estate), if Ownership			
Cod				Debtor 2 only					
Cour	nuy				Debtor 2 only f the debtors and another ou wish to add about this ite	(see instruction		nunity proper	ty

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$42,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1 Maria Carmen Sosa	Document Page 12 of 53 Cas	se number (if known)	
3. <b>C</b> a	ars, vans, trucks, tractors, sport (	utility vehicles, motorcycles		
	No			
	Yes			
2.1	Make: Mercury	Who has an interact in the property? Objective	Do not deduct secured c	laims or exemptions. Put
3.1	Make: Mercury  Model: Mountaineer	Who has an interest in the property? Check one  Debtor 1 only	the amount of any secure	ed claims on Schedule D: ims Secured by Property.
	Year: 2004	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 100	0,000 Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$4,073.00	\$4,073.00
□ 5 A		n you own for all of your entries from Part 2, including any 2. Write that number here		\$4,073.00
	_			
	3: Describe Your Personal and Hou	sehold Items itable interest in any of the following items?		Current value of the
БО ў	you own or have any legal or equ	nable interest in any of the following items?		portion you own? Do not deduct secured claims or exemptions.
E	ousehold goods and furnishings Examples: Major appliances, furnitur No			
	Yes. Describe			
	Bedroom	, kitchen, dining room		\$1,000.00
E		udio, video, stereo, and digital equipment; computers, printer meras, media players, games	s, scanners; music collecti	ons; electronic devices
E	ollectibles of value  Examples: Antiques and figurines; particular other collections, memora  No  Yes. Describe	aintings, prints, or other artwork; books, pictures, or other art abilia, collectibles	objects; stamp, coin, or ba	seball card collections;
E	quipment for sports and hobbies  Examples: Sports, photographic, exe musical instruments  No Yes. Describe	ercise, and other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes and ka	ayaks; carpentry tools;
	Firearms  Examples: Pistols, rifles, shotguns,  No	ammunition, and related equipment		
	Type Describe			

Del	otor 1	Maria Carmen Sosa	Document	Page 13 of 5	Case number (if known)	
_			ner coats, designer wear, shoe	s, accessories		
	□ No ■ Yes	Describe				
-	_ 103.					Фооо оо
		clothing				\$300.00
[	□ No	les: Everyday jewelry, costume  Describe	jewelry, engagement rings, wed	dding rings, heirloom j	iewelry, watches, gems, g	
		jewelry				\$500.00
] [ 14.	Examp  No Yes.  Any oth  No	rm animals  les: Dogs, cats, birds, horses  Describe  ner personal and household it  Give specific information	ems you did not already list,	including any health	aids you did not list	
15.		ne dollar value of all of your e rt 3. Write that number here	, ,		s you have attached	\$1,800.00
Par	t 4: Des	scribe Your Financial Assets				-
Do	you ow	n or have any legal or equital	le interest in any of the follow	wing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No	les: Money you have in your wa			d when you file your petitio	·
					Cash	\$40.00
ļ	Examp	ts of money les: Checking, savings, or other institutions. If you have mu	financial accounts; certificates tiple accounts with the same in Institution	stitution, list each.	credit unions, brokerage h	ouses, and other similar
_	Examp	mutual funds, or publicly tradles: Bond funds, investment acc		oney market accounts		
	■ No □ Yes	Institu	tion or issuer name:			
_	joint v	blicly traded stock and intere	sts in incorporated and uninc	corporated business	es, including an interes	t in an LLC, partnership, and
	■ No □ Yes.	Give specific information about Name of			% of ownership:	
	Negoti	ment and corporate bonds are able instruments include person egotiable instruments are those	al checks, cashiers' checks, pro	omissory notes, and m	noney orders.	

Document Page 14 of 53 Debtor 1 Case number (if known) Maria Carmen Sosa ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 403(b) Unknown Empowerment 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2015 tax refund \$3,000.00 Federal 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No

Schedule A/B: Property

Official Form 106A/B

Case 16-16464

Doc 1

Filed 05/16/16

Entered 05/16/16 14:05:05

Desc Main

page 4

Debtor 1	Maria Carmen Sosa	Doc 1	Document	Page 15 of 53  Case number (if known)	Desc Main
☐ Yes.	Give specific information				
	sts in insurance policies aples: Health, disability, or life	e insurance; h	ealth savings account (	HSA); credit, homeowner's, or renter's insurar	nce
	. Name the insurance compa Comp	ny of each po cany name:	licy and list its value.	Beneficiary:	Surrender or refund value:
If you some	nterest in property that is described are the beneficiary of a living one has died.  Give specific information			ed surance policy, or are currently entitled to reco	eive property because
Exam ■ No	s against third parties, when ples: Accidents, employments.  Describe each claim			it or made a demand for payment s to sue	
■ No	contingent and unliquidate  Describe each claim	ed claims of	every nature, includin	g counterclaims of the debtor and rights to	set off claims
■ No	nancial assets you did not . Give specific information	already list			
	the dollar value of all of yo Part 4. Write that number he			ny entries for pages you have attached	\$3,040.00
Part 5: De	escribe Any Business-Related	Property You	Own or Have an Interest	In. List any real estate in Part 1.	
No. G	own or have any legal or equito to Part 6. Go to line 38.	table interest i	n any business-related p	roperty?	
	escribe Any Farm- and Comme you own or have an interest in fa			n or Have an Interest In.	
■ No	u own or have any legal or . Go to Part 7. s. Go to line 47.	equitable in	terest in any farm- or o	commercial fishing-related property?	
Part 7:	Describe All Property You (	Own or Have a	n Interest in That You Dic	l Not List Above	
	u have other property of an apples: Season tickets, country				
	. Give specific information				
54. <b>Add</b>	the dollar value of all of vo	our entries fro	om Part 7. Write that n	umber here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1	Maria Carmen Sosa	Document	Case number (if known)	
Part 8:	List the Totals of Each Part of this Form		<u> </u>	

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$42,000.00
56.	Part 2: Total vehicles, line 5	\$4,073.00		
57.	Part 3: Total personal and household items, line 15	\$1,800.00		
58.	Part 4: Total financial assets, line 36	\$3,040.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$8,913.00	Copy personal property total	\$8,913.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$50,913.00

Official Form 106A/B Schedule A/B: Property page 6

		D O O O O I I I O	1 444 - 1 61 66		
Fill in this infor	mation to identify your	case:			
Debtor 1	Maria Carmen Sos	sa			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if this is an amended filing	

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.
8728 S. Marquette Chicago, IL 60617 Cook County	\$42,000.00	\$15,000.00 735 ILCS 5/12-901
Line from Schedule A/B: 1.1		□ 100% of fair market value, up to any applicable statutory limit
2004 Mercury Mountaineer 100,000 miles	\$4,073.00	\$2,400.00 735 ILCS 5/12-1001(c)
Line from Schedule A/B: 3.1		□ 100% of fair market value, up to any applicable statutory limit
clothing Line from Schedule A/B: 11.1	\$300.00	\$300.00 735 ILCS 5/12-1001(a)
Elle Holli Gonedale 772. TTT		□ 100% of fair market value, up to any applicable statutory limit
jewelry Line from Schedule A/B: 12.1	\$500.00	\$500.00 735 ILCS 5/12-1001(b)
Enterior confederation 2. 12.1		□ 100% of fair market value, up to any applicable statutory limit
403(b): Empowerment Line from Schedule A/B: 21.1	Unknown	\$0.00 735 ILCS 5/12-1006
Line noin deficable A/B. 21.1		100% of fair market value, up to any applicable statutory limit

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 18 of 53

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Federal: 2015 tax refund Line from Schedule A/B: 28.1	\$3,000.00		\$3,000.00	735 ILCS 5/12-1001(b)
Line Holli Schedule A.B. 25. 1			100% of fair market value, up to any applicable statutory limit	

	any applicable statutory limit
3.	you claiming a homestead exemption of more than \$160,375?  oject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)  No
	Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  ☐ No ☐ Yes

		Document	Page 19	9 of 53		
Fill in this inform	nation to identify you	r case:				
Debtor 1	Maria Carmen So		LastNama			
Dahtar 0	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT OF ILLI	NOIS			
Case number						
(if known)						if this is an led filing
Official Form	100D					
Official Form			_			
Schedule	D: Creditors	Who Have Claims S	<u>secure</u>	d by Property	<u>y                                    </u>	12/15
		f two married people are filing togethe out, number the entries, and attach it to				
1. Do any creditors	have claims secured by	your property?				
☐ No. Check	this box and submit th	nis form to the court with your other s	schedules. Y	ou have nothing else to	o report on this form.	
Yes. Fill in	all of the information b	pelow.				
Part 1: List Al	I Secured Claims					
for each claim. If me	ore than one creditor has	nore than one secured claim, list the cred a particular claim, list the other creditors cal order according to the creditor's name	in Part 2. As	Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 City of Chic		Describe the property that secures the	ne claim:	\$510.00	\$42,000.00	\$0.00
Creditor's Name The Depar Manageme	tment of Water	8728 S. Marquette Chicago, IL Cook County	60617			
P.O. Box 6		As of the date you file, the claim is: Claim i	Check all that			
Number, Street,	City, State & Zip Code	☐ Unliquidated				
Who owes the de	bt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as m car loan)	nortgage or se	ecured		
Debtor 1 and De	ebtor 2 only	Statutory lien (such as tax lien, mech	hanic's lien)			
☐ At least one of th	ne debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cla		☐ Other (including a right to offset) _				
Date debt was incu		Last 4 digits of account numb	er			
	5 1 1 1			<b>* * * * * * * * * *</b>	<b>#</b> 40.000.00	<b>A</b> 40 <b>5</b> 000 00
2.2   Wells Farg Creditor's Name	o Bank N.A.	Describe the property that secures th	ne claim:	\$167,299.00	\$42,000.00	\$125,299.00
John G. St CEO	umpf, Pres &					
	omery Street	As of the date you file, the claim is: C apply.	Check all that			
	isco, CA 94104	Contingent				
Number, Street,	City, State & Zip Code	Unliquidated				
Who owes the de	bt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as more car loan)	nortgage or se	ecured		
Debtor 1 and De	htor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien\			
	ne debtors and another	☐ Judgment lien from a lawsuit	namo s nem			
☐ Check if this cla community del			Mortgage			
Date debt was incu	ırred	Last 4 digits of account numb	er			

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 20 of 53

Debtor 1	Maria Carme	n Sosa		Case number (if know)	
	First Name	Middle Name	Last Name		
Add the	dollar value of yo	our entries in Column A on t	this page. Write that number here:	\$167,809.	00
	the last page of the state of t	your form, add the dollar va	lue totals from all pages.	\$167,809.	00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		Document	Page 21 of 53		
Fill in this i	nformation to identify your	case:			
Debtor 1	Maria Carmen Sos	а			
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing	) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
Case number	ar.				
(if known)	<u> </u>			ПС	heck if this is an
				ar	mended filing
				<del></del>	
	orm 106E/F				
Schedul	e E/F: Creditors W	ho Have Unsecured	Claims		12/15
Schedule G: E Schedule D: C eft. Attach the name and cas	xecutory Contracts and Unexpectations Who Have Claims Sections	ired Leases (Official Form 106G). I ured by Property. If more space is e. If you have no information to re	list executory contracts on Schedul Do not include any creditors with pa needed, copy the Part you need, fill eport in a Part, do not file that Part. C	rtially secured claims it out, number the ent	that are listed in ries in the boxes on the
	reditors have priority unsecured				
	• •	a ciainis against you?			
_	o to Part 2.				
Part 2: L	ist All of Your NONPRIORIT	V Unacquired Claims			
	reditors have nonpriority unsec	art. Submit this form to the court with	your other schedules.		
unsecure	d claim, list the creditor separately	for each claim. For each claim lister	he creditor who holds each claim. If d, identify what type of claim it is. Do no have more than three nonpriority unse	ot list claims already incl	uded in Part 1. If more
					Total claim
	eck 'N Go (Online)	Last 4 digits of acc	count number		Unknown
	oriority Creditor's Name 5 Montgomery Road	When was the deb	t incurred?		
	te 400	THICH WAS ING ASS			
Cin	cinnati, OH 45236				
	ber Street City State Zlp Code	As of the date you	file, the claim is: Check all that apply	,	
`	incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	ebtor 1 and Debtor 2 only	☐ Disputed			
	at least one of the debtors and and	, u i c i	RITY unsecured claim:		
	Check if this claim is for a comm				
debt	e claim subject to offset?	Obligations arisi report as priority cla	ng out of a separation agreement or di	vorce that you did not	
Is th	•		n or profit-sharing plans, and other sim	ilar dobte	
		•	To profit-straining plans, and other SIM	וומו טבטנא	
	es	Other Specify			

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 22 of 53
Case number (if know)

Debto	r 1 Maria Carmen Sosa	Case number (if know)	
4.2	Ashley Stewart, Inc.  Nonpriority Creditor's Name	Last 4 digits of account number	\$250.00
	c/o Illinois Corporation Service	When was the debt incurred?	
	801 Adlai Stevenson Drive	<u></u>	
	Springfield, IL 62703	_	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify goods	
4.3	Bank One	Last 4 digits of account number	\$800.00
	Nonpriority Creditor's Name	<del></del>	·
	1 Bank One Plaza	When was the debt incurred?	
	Chicago, IL 60670  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Offeck all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.4	Chase Bank	Last 4 digits of account number	\$1,200.00
	Nonpriority Creditor's Name		ψ1,200.00
	270 Park Ave., 12th Floor	When was the debt incurred?	
	Attn: Bankruptcy		
	New York, NY 10017  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date year me, the order is officer an that appry	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 23 of 53

Dept	or 1 Maria Carmen Sosa	Case number (if know)	
4.5	City of Chicago - Parking Tickets	Last 4 digits of account number	\$1,500.00
	Nonpriority Creditor's Name Department of Revenue 121 N LaSalle Street, Room 107A Chicago, IL 60602-1232	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.6	ComEd Nonpriority Creditor's Name	Last 4 digits of account number	\$380.07
	System Credit/ Bankruptcy Dept 2100 Swift Drive Oak Brook, IL 60523-1559	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.		
	■ Debtor 1 only		
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utility service	
4.7	Community Healthcare System  Nonpriority Creditor's Name	Last 4 digits of account number	\$250.00
	PO Box 3604 Munster, IN 46321	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify medical	
		— Ottor. Openity	

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 24 of 53
Case number (if know)

Debtor	1 Maria Carmen Sosa	Case number (if know)	
4.8	Munster Radiology Group	Last 4 digits of account number	\$319.00
	Nonpriority Creditor's Name	- <u> </u>	Ψο.σ.σ.σ
	PO Box 3248	When was the debt incurred?	
	Indianapolis, IN 46206  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	Debtor 1 only	Пол	
		Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	_	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes		
	☐ Yes	■ Other. Specify medical	
4.9	National Quik Cash	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name		Onknown
	8202 S. Stony Island Ave.	When was the debt incurred?	
	Chicago, IL 60617  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Peoples Energy	Last 4 digits of account number	\$3,361.00
	Nonpriority Creditor's Name		
	200 E. Randolph Dr. 22nd floor	When was the debt incurred?	
	Chicago, IL 60601-6302		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 25 of 53 Case number (if know) Debtor 1 Maria Carmen Sosa 4.1 \$473.74 Quest Diagnostics Clinical Labs Last 4 digits of account number Nonpriority Creditor's Name c/o Illinois Corporation Services When was the debt incurred? 801 Adlai Stevenson Springfield, IL 62703 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 Trident Asset Mgmt \$220.00 Last 4 digits of account number Nonpriority Creditor's Name 53 Perimeter Center East, Suite 440 When was the debt incurred? Atlanta, GA 30356 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify retail Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? C T Corporation System Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims agent for ■ Part 2: Creditors with Nonpriority Unsecured Claims 208 S. LaSalle. Suite 814 Chicago, IL 60604-1101 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Commonwealth Edison, c/o Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Corporate Creations Network, Agent Part 2: Creditors with Nonpriority Unsecured Claims 350 S Northwest Highway Park Ridge, IL 60068 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Name and Address

Official Form 106 E/F

725 Canton St.

Norwood, MA 02062

Credit Collection Services

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

Last 4 digits of account number

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 26 of 53

Debtor 1 Maria Carmen Sosa

Case number (if know)

Komyatte & Casbon, PC 9650 Gordon Dr. Highland, IN 46322

Line 4.8 of (Check one):

 $\hfill\square$  Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	C.f	Otrodont Loans	Ct.	Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 8,753.81
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 8,753.81

Fill in this infor	rmation to identify your	case:		
Debtor 1	Maria Carmen So	sa		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Perso	on or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
87	riselda Herrera 728 S. Marquette Ave, Fl 2 nicago, IL 60617	rental lease

		Docume	nt Page 28 o	of 53	
Fill in this	information to identify your	case:			
Debtor 1	Maria Carmen So	sa			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Office Old	tico Bariki aptoy Court for the.	- HORTIERR BIOTRIOT	OI ILLIIVOIO	<del></del>	
Case num (if known)	ber			☐ Check if this is an amended filing	J
Officia	l Form 106H				
		lobtoro			
Sched	lule H: Your Cod	eptors		12	2/15
ill it out, a our name		boxes on the left. Attach ). Answer every question.	the Additional Page to	ion. If more space is needed, copy the Additional o this page. On the top of any Additional Pages, was a codebtor.	
■ No					
■ No	3				
	hin the last 8 years, have yo a, California, Idaho, Louisiana			y? (Community property states and territories include ington, and Wisconsin.)	<b>;</b>
	Go to line 3. s. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guarant	tor or cosigner. Make s	if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (66). Use Schedule D, Schedule E/F, or Schedule	Official
	Column 1: Your codebtor Name, Number, Street, City, State and 2	IIP Code		Column 2: The creditor to whom you owe the Check all schedules that apply:	debt
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line ☐ Schedule G, line ☐	
=	Number Street			_	

State

City

ZIP Code

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 29 of 53

	in this information to identify your ca								
De	btor 1 Maria Carme	n Sosa			_				
	btor 2								
Uni	ited States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
	se number		-			Check if this	is:		
(II KI	nown)					☐ An amer	Ū	ng postpetition	chanter
								following date:	
<u>O</u>	fficial Form 106l					MM / DD	/ YYYY		
S	chedule I: Your Inc	ome							12/1
atta	use. If you are separated and you ch a separate sheet to this form.  Describe Employment								
1.	Fill in your employment information.		Debtor 1			Debto	r 2 or non-	filing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Em	ployed		
	attach a separate page with information about additional	Employment status	☐ Not employed			□ No	t employed		
	employers.	Occupation	Social worker						
	Include part-time, seasonal, or self-employed work.	Employer's name	Metropolitan Fan	nily Serv	/ices	<u> </u>			
	Occupation may include student or homemaker, if it applies.	Employer's address	One North Dearb Chicago, IL	orn, Su	ite 1	000			
		How long employed to	here? 16 years	6					
Pai	rt 2: Give Details About Mor	nthly Income							
	imate monthly income as of the diuse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	ine, write \$0 in t	he space. Ir	nclude your no	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	emplo	oyers for that pe	son on the	lines below. If	you need
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,314.8	<u> </u>	N/A	-
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.0	)+\$	N/A	-
4.	Calculate gross Income. Add lir	ne 2 + line 3.		4.	\$	3,314.80	\$	N/A	

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 30 of 53

Debto	or 1	Maria Carmen S	Sosa	_	C	Case number (if	known)				
	Con	y line 4 here		4.		For Debtor 1	4.80		Debtor 2 -filing s <sub>l</sub>		
	-		iana.				1.00	<u> </u>		14/71	_
5.	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Mandatory contri Voluntary contri	and Social Security deductions ributions for retirement plans ibutions for retirement plans ments of retirement fund loans ort obligations	5a 5b 5c 5d 5e 5f. 5g 5h		\$ 1,23 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	32.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ + \$		N/A N/A N/A N/A N/A N/A N/A	- - - -
6.	Add	the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,23	32.00	\$		N/A	_
7.	Cald	culate total monthl	ly take-home pay. Subtract line 6 from line 4.	7.		\$ 2,08	32.80	\$		N/A	_
8.	List 8a.	Net income from profession, or fa Attach a stateme	regularly received: In rental property and from operating a business, arm In the for each property and business showing gross In and necessary business expenses, and the total								-
		monthly net incor	me.	8a			0.00	\$		N/A	_
	8b.	Interest and divi		8b		\$	0.00	\$		N/A	_
	8d. 8e. 8f.	regularly received Include alimony, settlement, and pure Unemployment Social Security Other government Include cash assistant you receive,	spousal support, child support, maintenance, divorce property settlement.	8c. 8d 8e	l.	\$ \$ \$ \$	0.00 0.00 0.00	\$ \$ \$		N/A N/A N/A	-
	8g.	Pension or retire	ement income	— 8g		·	70.00	\$-		N/A	_
	8h.	Other monthly in	ncome. Specify:	8h		\$	0.00	· —		N/A	_
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$ 82	20.00	\$		N//	A
10.			ome. Add line 7 + line 9. 0 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$_	2,902.80	+ \$_		N/A	= \$	2,902.80
	Inclu othe	ude contributions from the friends or relatives not include any amo	contributions to the expenses that you list in Schedule om an unmarried partner, members of your household, your s. bunts already included in lines 2-10 or amounts that are not	depe					Schedule 11.		0.00
		e that amount on th	e last column of line 10 to the amount in line 11. The reside Summary of Schedules and Statistical Summary of Certa				,		12.	\$	2,902.80
13.	Do y	ou expect an incr	ease or decrease within the year after you file this form	?							y income
	•	Yes. Explain:	If no budget is passed by the Illinois state governme paycheck on 6/30/16. The funding for night program						tely \$20	00 from	n her

Official Form 106I Schedule I: Your Income page 2

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 31 of 53

Fill	in this informa	ition to identify y	our case:			l		
Deb		Maria Carme				Cho	eck if this is:	
		Mana Carmo	Occu				An amended filing	•
	tor 2 ouse, if filing)							owing postpetition chapter fithe following date:
Linite	ad Statos Bankr	runtov Court for the	. NODTL	HERN DISTRICT OF ILLIN	ale.		MM / DD / YYYY	
Unite	ed States Banki	rupicy Court for the	. NORTE	IERN DISTRICT OF ILLIN	<u> </u>		IVIIVI / DD / TTTT	
	e number nown)							
Of	fficial Fo	rm 106J						
		J: Your						12/15
info	rmation. If m		eded, atta	. If two married people ar ich another sheet to this i n.				
Part		ribe Your House	ehold					
1.	Is this a joir							
	■ No. Go to		in a senar	ate household?				
	□ res. Doe		iii a sepai	ate nousenoid:				
	= ::	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No □ Yes
					-		<del>-</del>	_
								☐ Yes
								□ No
_	D							_ Yes
3.		penses include f people other t	han _	No				
		d your depende		Yes				
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
Incl	lude expense	s paid for with	non-cash	government assistance it	you know			
the		h assistance an		cluded it on Schedule I: Y			Your ex	nenses
(OII	iiciai Foiiii iu	юі.)					1001 07	
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgag	e 4.	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	137.50
	•	rty, homeowner'				4b.	\$	187.50
				ipkeep expenses		4c.	·	200.00
_		owner's associa			mo oquity loons	4d.	· -	0.00
5.	Auditional r	nortgage paym	ents for yo	<b>our residence,</b> such as ho	ne equity loans	5.	Φ	0.00

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 32 of 53

Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	400.00 70.00 50.00 0.00 250.00 0.00 75.00 50.00 20.00 140.00 50.00 100.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning  Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	70.00 50.00 0.00 250.00 0.00 75.00 50.00 240.00 140.00 50.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	70.00 50.00 0.00 250.00 0.00 75.00 50.00 240.00 140.00 50.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	50.00 0.00 250.00 0.00 75.00 50.00 20.00 140.00 50.00
6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	6d. 7. 8. 9. 10. 11. 12. 13. 14.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 250.00 0.00 75.00 50.00 20.00 140.00
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	7. 8. 9. 10. 11. 12. 13. 14.	\$	250.00 0.00 75.00 50.00 20.00 140.00 50.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c.	\$	0.00 75.00 50.00 20.00 140.00 50.00
Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	9. 10. 11. 12. 13. 14. 15a. 15b. 15c.	\$	75.00 50.00 20.00 140.00 50.00
Personal care products and services  Medical and dental expenses  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	10. 11. 12. 13. 14. 15a. 15b. 15c.	\$	50.00 20.00 140.00 50.00
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	11. 12. 13. 14. 15a. 15b. 15c.	\$ \$ \$ \$ \$ \$	20.00 140.00 50.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	12. 13. 14. 15a. 15b. 15c.	\$ \$ \$ \$	140.00 50.00
Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	13. 14. 15a. 15b. 15c.	\$ \$ \$	50.00
Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	13. 14. 15a. 15b. 15c.	\$ \$ \$	50.00
Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	14. 15a. 15b. 15c.	\$	
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15a. 15b. 15c.	\$	100.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15b. 15c.		
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15b. 15c.		
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15b. 15c.		
15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15b. 15c.		0.00
15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	15c.	Φ	0.00
15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:		·	66.87
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	ıJu.	· -	0.00
Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:		Ψ	0.00
<ul> <li>Installment or lease payments:</li> <li>17a. Car payments for Vehicle 1</li> <li>17b. Car payments for Vehicle 2</li> <li>17c. Other. Specify:</li> </ul>	16.	\$	0.00
<ul> <li>17a. Car payments for Vehicle 1</li> <li>17b. Car payments for Vehicle 2</li> <li>17c. Other. Specify:</li> </ul>	10.	Ψ	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify:	17a.	¢	0.00
17c. Other. Specify:		· -	0.00
	17b.	·	0.00
17d. Other. Specify:	17c.		0.00
	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as	4.0	•	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.		
Other real property expenses not included in lines 4 or 5 of this form or on Schedule			
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.		0.00
Other: Specify:	21.	· ·	0.00
. Other. Specify.	۷۱.	-Ψ	0.00
Calculate your monthly expenses			
22a. Add lines 4 through 21.		\$	1,796.87
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		·	1 706 07
220. Add the 22a and 22b. The result is your monthly expenses.		\$	1,796.87
Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,902.80
23b. Copy your monthly expenses from line 22c above.	23b.	·	1,796.87
200. Cop, your monthly expenses from the 220 above.	_55.		1,7 30.07
23c. Subtract your monthly expenses from your monthly income.			
The result is your <i>monthly net income</i> .	23c.	\$	1,105.93
The result to your monthly not moonto.			·
Do you expect an increase or decrease in your expenses within the year after you file	le this	form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mor			or decrease because of
modification to the terms of your mortgage?	J J - 1		
■ No.			
Yes. Explain here:			

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 33 of 53

Fill in t	his inform	nation to identify your	case:			
Debtor	1	Maria Carmen Sos	 3a			
		First Name	Middle Name	Last Name		
Debtor (Spouse it		First Name	Middle Name	Last Name		
United	States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case n	umber					
(if known)	_					☐ Check if this is an
						amended filing
Offici	al Form	106Dec				
			ا میداد دادی دا	Dabtarla Cab	مماييامم	
Dec	iarati	on About a	<u>ın individual</u>	Debtor's Sch	eaules	12/15
lf 4a		anla ara filina taaatha	- bath are agually rasma		at information	
ii two iii	iarrieu ped	opie are ming togethe	i, both are equally respo	nsible for supplying correc	it information.	
				or amended schedules. M		
		or property by fraud in U.S.C. §§ 152, 1341, 1		kruptcy case can result in f	ines up to \$250,000, or in	mprisonment for up to 20
yours, o	, Bouil 10	0.0.0.33 102, 1041, 1	oro, una cor i.			
	Sign	Below				
Di	d you pay	or agree to pay some	one who is NOT an attor	rney to help you fill out ban	kruptcy forms?	
	ı No					
_					Attack Daylown	Delities Door enert Metice
	Yes. N	ame of person				Petition Preparer's Notice, Signature (Official Form 119)
					200.0.0.0.0.0.0.0	ngnatare (emetar remi rite)
			4.41.			
		ty of perjury, I declare true and correct.	that I have read the sum	mary and schedules filed v	vith this declaration and	
Х		a Carmen Sosa		X		
		armen Sosa e of Debtor 1		Signature of De	DTOF 2	
	Signature	a or Denior I				
	Date M	1ay 16, 2016		Date		
					·	

## Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 34 of 53

Fil	l in this inforn	nation to identify you	r case:			
	ebtor 1	Maria Carmen So				
		First Name	Middle Name	Last Name		
	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bai	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
		., .,				
	nse number					Check if this is an amended filing
Ot	fficial Fo	rm 107				
St	atement	of Financial	Affairs for Indivi	duals Filing for	Bankruptcy	4/16
info nur	ormation. If m	ore space is needed, n). Answer every que	attach a separate sheet to	o this form. On the top of a	re equally responsible for su any additional pages, write yo	
1.		current marital statu				
	_					
	<ul><li>☐ Married</li><li>■ Not mar</li></ul>	ried				
2			lived envelope ether there	where you live new?		
2.	During the is	ast 3 years, have you	lived anywhere other than	i where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do r	not include where you live n	ow.	
	Debtor 1 Pr	ior Address:	Dates Debtor '	Debtor 2 Prior	Address:	Dates Debtor 2 lived there
<b>3.</b> stat					unity property state or territo Rico, Texas, Washington and	
	■ No					
	☐ Yes. Ma	ke sure you fill out Scl	nedule H: Your Codebtors (C	Official Form 106H).		
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operati u received from all jobs and have income that you recei	all businesses, including pa		endar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$11,986.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 35 of 53

Debtor 1 Maria Carmen Sosa Page 35 01 55

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)	■ Wages, commissions, bonuses, tips	\$40,456.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2014)	■ Wages, commissions, bonuses, tips	\$40,456.55	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Debtor 1

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Debtor 2

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Debtor 1		Debitor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Pension	\$1,850.00		
	Rental Income	\$2,000.00		
For last calendar year: (January 1 to December 31, 2015)	Pension	\$4,558.08		
	Rental Income	\$6,000.00		
For the calendar year before that: (January 1 to December 31, 2014)	Pension	\$4,558.08		
	Rental Income	\$6,000.00		

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

<ol><li>Are either Debtor 1's or Debtor 2's debts primarily consume</li></ol>	r debts?
---	----------

□ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 36 of 53 Case number (if known) Debtor 1 Maria Carmen Sosa Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Amount you **Dates of payment Total amount** Was this payment for ... still owe paid City of Chicago 4/27/16 \$648.21 \$510.00 ■ Mortgage The Department of Water ☐ Car Management ☐ Credit Card P.O. Box 6330 ☐ Loan Repayment Chicago, IL 60680-6330 ☐ Suppliers or vendors Other water bill Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment Reason for this payment **Total amount** Amount you Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number HSBC Bank USA v. Carmen Sosa Foreclosure Circuit Court of Cook County Pending 09 CH 19534 50 W. Washington □ On appeal Chicago, IL 60602 □ Concluded

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 37 of 53

Debtor 1 Maria Carmen Sosa Case number (if known) 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. П Yes. Fill in the information below. Value of the **Creditor Name and Address** Describe the Property Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost

Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Case 16-16464 Page 38 of 53 Case number (if known) Document

Debtor 1 Maria Carmen Sosa

Part 7: List Certain Payments or Transfers
--

ı uı	List Sertain rayments of Transiers			
	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepare Include any attorneys, bankruptcy petition prepare	ring a bankruptcy petition?		erty to anyone you
	■ No			
	☐ Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any pro transferred	pperty Date payment or transfer was made	Amount of payment
	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li	or to make payments to your credit		erty to anyone who
	■ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any protransferred	pperty Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your bus include both outright transfers and transfers made include gifts and transfers that you have already li  No  Yes. Fill in the details.	iness or financial affairs? e as security (such as the granting of a		
	Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
	Person's relationship to you			
	Within 10 years before you filed for bankrupto: beneficiary? (These are often called asset-protein the second of		self-settled trust or similar device	of which you are a
	Name of trust	Description and value of the pro	perty transferred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Instru	umants Safa Danasit Rayas and St	orago Unite	mado
ı aı	List of Certain Financial Accounts, insti-	uments, Jaie Deposit Boxes, and St	orage office	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred?	•		
	Include checking, savings, money market, or on the houses, pension funds, cooperatives, associated No Yes. Fill in the details.			it unions, brokerage
		ast 4 digits of Type of according count number instrument	unt or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yea cash, or other valuables?	ar before you filed for bankruptcy, a	ny safe deposit box or other depos	sitory for securities,
	■ No □ Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Case 16-16464 Page 39 of 53
Case number (if known) Document

Debtor 1 Maria Carmen Sosa

22.	Have you stored property in a storage u	ınit or p	place other than your home within 1	l ye	ar before you filed for bankruptcy?	•
	No					
	☐ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Co	de)	Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)	De	escribe the contents	Do you still have it?
Pai	rt 9: Identify Property You Hold or Cor	ntrol for	Someone Else			
23.	Do you hold or control any property that for someone.	at some	one else owns? Include any proper	rty y	you borrowed from, are storing for,	or hold in trust
	■ No					
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Co	de)	Where is the property? (Number, Street, City, State and ZIP	D	escribe the property	Value
		,	Code)			
Pai	rt 10: Give Details About Environmenta	l Inform	nation			
or	the purpose of Part 10, the following def	finitions	s apply:			
	Environmental law means any federal, stoxic substances, wastes, or material in regulations controlling the cleanup of t	nto the a	air, land, soil, surface water, ground			
	Site means any location, facility, or pro to own, operate, or utilize it, including of		_	law	, whether you now own, operate, o	r utilize it or used
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.					
?en	oort all notices, releases, and proceeding	s that w	you know about regardless of when	n th	nev occurred	
•			, •		•	
24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?					
■ No						
	☐ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Co	de)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental un	it of an	·			
	■ No					
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Co	de)	Governmental unit Address (Number, Street, City, State an ZIP Code)	ıd	Environmental law, if you know it	Date of notice
	Harris and the same to the sam		•			
20.	Have you been a party in any judicial or	admin	istrative proceeding under any envi	iror	imental law? Include settlements a	na oraers.
	■ No					
	☐ Yes. Fill in the details.					
	Case Title Case Number		Court or agency Name Address (Number, Street, City,	N	ature of the case	Status of the case
			State and ZIP Code)			
Pai	rt 11: Give Details About Your Busines	s or Co	nnections to Any Business			
27.	Within 4 years before you filed for bank	ruptcy,	did you own a business or have ar	ny c	of the following connections to any	business?
	☐ A sole proprietor or self-employ	ed in a	trade, profession, or other activity,	, eit	her full-time or part-time	
	☐ A member of a limited liability c	ompan	y (LLC) or limited liability partnersh	ip (	(LLP)	

Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Case 16-16464 Page 40 of 53 Case number (if known) Document

Debtor 1 Maria Carmen Sosa

28.

	☐ A partner in a partnership				
	☐ An officer, director, or managing executive of a corporation				
	☐ An owner of at least 5% of the voting or equity securities of a corporation				
	No. None of the above applies. Go to Part 12.				
	Yes. Check all that apply above and fill	in the details below for each business.			
Business Name Address (Number, Street, City, State and ZIP Code)		Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed		
Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financinstitutions, creditors, or other parties.					
	Yes. Fill in the details below.				
Name Address (Number, Street, City, State and ZIP Code)		Date Issued			

Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 41 of 53

Case number (if known)

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Maria Carmen Sosa

Maria Carmen Sosa

Signature of Debtor 2

Signature of Debtor 1

Date

May 16, 2016

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1 Maria Carmen Sosa

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

(	Chapter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
=	+ \$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-16464 Doc 1 Filed 05/16/16 Entered 05/16/16 14:05:05 Desc Main Document Page 46 of 53

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court** Northern District of Illinois

In r	e	Maria Carmen Sosa		Case No.	
			Debtor(s)	Chapter	13
		DISCLOSURE OF COMPENSATI	ION OF ATTORN	EY FOR DE	BTOR(S)
1.	cor	suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certapensation paid to me within one year before the filing of the prendered on behalf of the debtor(s) in contemplation of or in contemplation.	petition in bankruptcy, or a	agreed to be paid	to me, for services rendered or to
		For legal services, I have agreed to accept		\$	0.00
		Prior to the filing of this statement I have received		\$	0.00
		Balance Due		\$	0.00
2.	\$	0.00 of the filing fee has been paid.			
3.	The	source of the compensation paid to me was:			
		■ Debtor □ Other (specify):			
4.	The	e source of compensation to be paid to me is:			
		■ Debtor □ Other (specify):			
5.		I have not agreed to share the above-disclosed compensation	with any other person unle	ess they are memb	pers and associates of my law firm.
		I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the			
6.	In	return for the above-disclosed fee, I have agreed to render lega	al service for all aspects of	the bankruptcy ca	ase, including:
	b. c. d.	Analysis of the debtor's financial situation, and rendering advi- Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and con- Representation of the debtor in adversary proceedings and oth [Other provisions as needed]	affairs and plan which ma onfirmation hearing, and a	y be required; ny adjourned hear	
7.	Ву	agreement with the debtor(s), the above-disclosed fee does no Adversary proceedings seeking (1) undue hardship of any tenants of debtor. If requested, LAF may re guidelines; however, this will require a separate de	discharge of student lo present debtor in non-ba	ans under 11 U.	
		CERT	TIFICATION		
this		rtify that the foregoing is a complete statement of any agreem cruptcy proceeding.	ent or arrangement for pay	ment to me for re	epresentation of the debtor(s) in
	May	16, 2016	/s/ Ainat Margalit		
_	Date		Ainat Margalit		
			Signature of Attorney LAF		
			120 S. LaSalle, Suite		
			Chicago, IL 60603-34: 312-341-1070 Fax: 3		
			Name of law firm	114-071-1041	

LAF RETA	INER	AGREEM	1ENT
----------	------	--------	------

I, Maria Sosa	, request and authorize LAF to represent me
for the following legal problem by	providing the following services:
For eclosure	
(description of legal problem)	
ch. 13 BK	
(description of legal services to be	nrovided)

#### SCOPE OF THIS AGREEMENT

#### I understand the following:

- LAF has not agreed to represent me until an LAF employee signs this retainer on the last page.
- LAF will decide whether to represent me based on the nature of my problem, the facts of my case, and LAF's resources.
- If my case is accepted for representation, I will get a copy of this agreement, signed by LAF. If my case is not accepted, I will get a letter saying so.
- If my case is accepted, it is only for the services written above.
- If the court or agency makes a decision that is not fully favorable to me, this agreement does **not** require LAF to file an appeal. LAF **may** agree to do so and will let me know as soon as possible.
- If the court or agency awards me a judgment for money, this agreement does not require LAF to collect that money.
- LAF may end this agreement and stop representing me for certain reasons, which are stated in Section 7.

#### STATEMENT OF TERMS

## 1) COOPERATION:

I agree to cooperate fully with LAF. This means, among other things, to tell the truth about my case, income and assets; to help LAF get all the facts about my case; to tell LAF right away if my address or phone number change, or if my assets and income change; and to keep all appointments with LAF, including required court dates. (If I cannot keep an appointment, I will notify LAF as soon as possible.)

### 2) ETHICAL SERVICE:

LAF agrees to act according to applicable ethical rules. This means, among other things, telling me about important events in my case. My case may be assigned to a non-attorney who is supervised by an attorney.

LAF will keep my information confidential as required by ethical rules. However, I give LAF permission to reveal information about me or my case whenever LAF needs to do so to investigate my case and represent me. LAF can also

reveal information when it believes the law, legal ethics, or LAF's funders require LAF to do so. LAF is required to reveal confidential information if necessary to prevent death or great bodily harm. LAF will always use reasonable care to protect my private information.

If LAF files a lawsuit in my case, federal law requires LAF to disclose: 1) my name and address; 2) the opposing party's name and address; 3) a description of my case; 4) the case number and court. This information may become available to the general public. I agree that LAF may make these disclosures. LAF will not disclose this information if LAF believes that doing so would put me at risk of physical harm.

I also agree that LAF may disclose or discuss any information about my case that is in court documents or other public documents. LAF may make statements to, for example, the media, LAF's funders, or other organizations. I give LAF permission to do so. If I do not want LAF to discuss my case, I will ask my LAF attorney not to do so.

#### 3) SETTLEMENT:

LAF may discuss with the other side the possibility of reaching an agreement (usually a compromise) that resolves my problem, instead of having the court or agency decide my case. That agreement is called a "settlement." I have the final say in whether to offer or accept any settlement. I agree to tell my attorney right away about any settlement offers I get. I agree not to settle the case without talking to my attorney first. LAF will always tell me of any settlement offers from the other side. Section 4 and 5, below, say more about settlements.

# 4) REIMBURSEMENT OF COSTS:

LAF may pay certain costs in my case, such as filing charges and expert witness fees. LAF may also have to pay for services such as printing, copying, or court reporting.

LAF will ask the court to make the other side pay these costs when the law allows it to. If the court orders the other side to pay costs, I agree that the costs can be paid back directly to LAF and not to me. If LAF pays costs and cannot get paid back from the other side, I will pay those costs. If the court awards me money or I get money in a settlement, I agree that LAF can pay itself back for its costs with that money. LAF may decide I do not have to pay costs if I cannot afford them.

### 5) ATTORNEYS' FEES:

In some cases, the law allows LAF to claim attorneys' fees from the other side. LAF has my permission to seek, collect and keep attorneys' fees in those cases. Fees are an important part of LAF's budget. LAF uses fees to help other clients who cannot afford an attorney. LAF will never ask me to pay fees with money I already have.

11.23

LAF may get more money in fees than I get if I win. This is because courts

award fees by multiplying the number of hours the attorney (or paralegal) worked by a reasonable rate per hour. The fees do not depend on how much I get. If the case takes a lot of time, the fees can be a lot more than the amount that goes to the winning party.

I agree that LAF can take its fees out of money from a settlement. LAF will never take more than the court could have awarded—LAF's hours of work multiplied by an hourly rate. The other side might offer money to settle without saying how much goes to me, and how much goes to LAF. If that happens, LAF will let me know how much I would get and how much LAF would get. LAF's share will be, at the most, the fees a court could award, plus the costs described in Section 4. LAF may decide to take less.

After LAF tells me how the settlement would be divided, it is my decision whether to accept the settlement offer. LAF will discuss the decision with me. I can ask a non-LAF lawyer, at my expense, for advice on whether to take a settlement when LAF takes part of it as its fees and costs. I will let LAF know if I choose to do that.

If I get a judgment in my favor that includes fees or costs, LAF has my permission to have another law firm of its choice collect the entire judgment. LAF will only do this if LAF believes it is the best way to collect as much of the judgment as possible. The collecting firm may be allowed to reimburse its costs and keep the first 30% of the money collected. The remaining money collected will be divided between me and LAF in the same proportion as my part of the judgment is to LAF's part. I authorize the collecting firm to endorse checks made out to me in this process. LAF will let me know whenever any part of my judgment is collected and arrange for me to receive my part of it.

Even if I end this agreement, LAF has the right to seek fees for the work it did, and costs.

# 6) SPECIFIC CONDITIONS OF REPRESENTATION (initial any that apply):

LAF will only represent me if I agree to the following conditions, and can end this agreement if LAF determines I have not complied with them:

On or before the my monthly rent/mortgage	eth of each re amount, for LAF	month, I will deposit with to keep in an escrow acc	LAF \$, count;
I will sign relea medical, psychological, ed		F to obtain my (or my chi r confidential records;	ildren's)
I will agree to s	ettle the case, if	possible, on the following	terms:
£.		1999 B	
* 79 <sub>0.0</sub>		1. King 2.1	
Other:			

## 7) ENDING THIS AGREEMENT:

This is an agreement **only** for the matter described on page 1. It will end automatically when that case ends.

If the court or agency permits it, I may end this agreement before that time by telling LAF that I no longer want it to be my attorney. If I do that, LAF does not have to get another attorney to represent me.

LAF may end this agreement if

- I do not comply with any part of it;
- LAF cannot locate me;
- I am no longer financially eligible;
- I do not obey a court order that LAF advises me to obey; or
- Ethical rules require LAF to stop representing me.

If there are other reasons why LAF cannot continue to represent me, LAF will let me know.

#### 8) COMPLAINT PROCEDURES

If I have a complaint about LAF, I have the right to have it reviewed as follows:

First, a supervisory attorney will review my complaint and try to solve the problem. If I am not satisfied that the problem was solved, I may have the complaint reviewed by LAF's Executive Director, or someone she designates.

If that person does not resolve my complaint, I may then have my complaint reviewed by a committee or sub-committee of the Board of Directors of LAF.

All complaints will be reviewed within a reasonable period of time after they are made, but no longer than 60 days.

#### SIGNATURES

By signing this agreement, I am stating that I have read it or have had it explained to me, and I understand it and agree.	LAF agrees to represent on the terms set forth in this retainer agreement.
Client C-Su	Attorney or Paralegal - for LAF
Date: 4/28/16	Supervising Attorney (of paralegal)  Date: 4-23-16

## **United States Bankruptcy Court** Northern District of Illinois

In re	Maria Carmen Sosa	Debtor(s)	Case No. Chapter	13
VERIFICATION OF CREDITOR MATRIX				

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Number of Creditors:

19

Check 'N Go (Online) 7755 Montgomery Road Suite 400 Cincinnati, OH 45236

Ashley Stewart, Inc. c/o Illinois Corporation Service 801 Adlai Stevenson Drive Springfield, IL 62703

Bank One 1 Bank One Plaza Chicago, IL 60670

C T Corporation System agent for 208 S. LaSalle. Suite 814 Chicago, IL 60604-1101

Chase Bank 270 Park Ave., 12th Floor Attn: Bankruptcy New York, NY 10017

City of Chicago The Department of Water Management P.O. Box 6330 Chicago, IL 60680-6330

City of Chicago - Parking Tickets Department of Revenue 121 N LaSalle Street, Room 107A Chicago, IL 60602-1232

ComEd System Credit/ Bankruptcy Dept 2100 Swift Drive Oak Brook, IL 60523-1559

Commonwealth Edison, c/o Corporate Creations Network, Agent 350 S Northwest Highway Park Ridge, IL 60068 Community Healthcare System PO Box 3604 Munster, IN 46321

Credit Collection Services 725 Canton St.
Norwood, MA 02062

Griselda Herrera 8728 S. Marquette Ave, Fl 2 Chicago, IL 60617

Komyatte & Casbon, PC 9650 Gordon Dr. Highland, IN 46322

Munster Radiology Group PO Box 3248 Indianapolis, IN 46206

National Quik Cash 8202 S. Stony Island Ave. Chicago, IL 60617

Peoples Energy 200 E. Randolph Dr. 22nd floor Chicago, IL 60601-6302

Quest Diagnostics Clinical Labs c/o Illinois Corporation Services 801 Adlai Stevenson Springfield, IL 62703

Trident Asset Mgmt 53 Perimeter Center East, Suite 440 Atlanta, GA 30356

Wells Fargo Bank N.A. John G. Stumpf, Pres & CEO 420 Montgomery Street San Francisco, CA 94104